

# SOUTHWEST MONTANA BASEBALL CAMP



**RYAN WARDINSKY - MAJOR LEAGUE SCOUT - MIAMI MARLINS**  
**JEFF LEPROWSE - HEAD COACH - BUTTE MINERS**  
**JOHNNY GRAHAM - HEAD COACH - BELGRADE BANDITS**  
**CRAIG SMITH - ASSISTANT COACH - BUTTE MINERS**

**THURSDAY, JULY 12, 2018**

**Hosted by Butte Miners - Miner's Field  
Copper Mountain Recreation Complex  
Beef Trail Rd., Butte, MT 59701**

**Players will receive specialized instruction in:  
Hitting - Infield Play - Outfield Play - Baserunning**

**AGES 8 - 11: 10:00 AM - 2:00 PM    AGES 12 - 18: 3:00 PM - 7:30 PM**

**COST: \$60**

**ENROLLMENT IS LIMITED**

**Checks Payable to: Johnny Graham, 9 Holly Lane, Butte, MT 59701**

**Visit [www.butteleionbb.com](http://www.butteleionbb.com) or the [Bandits Facebook page](#) for registration details.**

**Please email: [jgraham.bandits@gmail.com](mailto:jgraham.bandits@gmail.com) with any questions.**

**NOT AFFILIATED WITH MAJOR LEAGUE BASEBALL**

**Liability Release Form**

Southwest Montana Baseball Camp

Participant's Name \_\_\_\_\_

I understand that participation in the above Activity or Event may be hazardous for the above-named participant.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the above-named event or activity. I hereby release the **Southwest Montana Baseball Camp** and its coaches, employees, agents, and representatives from any liability, costs and damages resulting from this individual's participation.

If the participant is a minor:

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

Participant's Signature/Date/ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Signature of Parent/Guardian/Date \_\_\_\_\_

**Liability Release Form**

Butte Miners

Participant's Name \_\_\_\_\_

I understand that participation in the above Activity or Event may be hazardous for the above-named participant.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the above-named event or activity. I hereby release the **Butte Miners** and its coaches, employees, agents, and representatives from any liability, costs and damages resulting from this individual's participation.

If the participant is a minor:

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

Participant's Signature/Date/ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Signature of Parent/Guardian/Date \_\_\_\_\_

**PLAYER INFORMATION**

PLAYER'S FULL NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

SUMMER TEAM \_\_\_\_\_

AGE \_\_\_\_\_

PRIMARY POSITION \_\_\_\_\_

BATS \_\_\_\_\_ THROWS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT'S NAMES \_\_\_\_\_

SHIRT SIZE: \_\_\_ YOUTH-MED \_\_\_ ADULT-LG

\_\_\_ ADULT-SM \_\_\_ ADULT-MED \_\_\_ ADULT-LG

**THURSDAY, JULY 12, 2018**

PLEASE MAIL REGISTRATION, WAIVERS &

CHECK TO: **JOHNNY GRAHAM**

SOUTHWEST MT BASEBALL

9 HOLLY LANE

BUTTE, MT 59701

EMAIL: [jgraham.bandits@gmail.com](mailto:jgraham.bandits@gmail.com)

*\*Registration due by July 1 to secure a t-shirt*